REMARKS/ARGUMENTS

Claims 7, 9, 10 and 25 are pending in this application.

Claims 7 and 25 are amended to depend from independent claim 9.

Claim 9 is amended to treat hyperosmolarity caused by a decrease in vasopressin level in blood.

Support for the amendment to Claim 9 is found in the paragraph bridging pages 2-3 in the specification.

No new matter is believed to have been added by this amendment.

The rejection under 35 USC 112, second paragraph is obviated, in part, by the amendment cancelling claim 26 and respectfully traversed.

If PTHrP causes a decrease in vasopressin then inhibiting PTHrP with an antibody or binding fragment as provided in the claim will inhibit a decrease in vasopressin levels or increase vasopressin levels. This is what is provided in Claim 9 and therefore Applicants have set forth subject matter in their claims with a reasonable degree of clarity and particularity as would be understood by one possessing the ordinary level of skill in the pertinent art at the time the invention was made. See MPEP § 2173.02.

Withdrawal of the rejection is requested.

The rejection under 112, first paragraph pertaining to enablement is respectfully traversed. That is, as acknowledged in the rejection, the specification does enable the treatment of hyperosmolarity caused by a decrease in vasopressin level in blood with anti-PTHrP (1-34) antibody, a monoclonal antibody or binding fragment thereof specifically binding to SEQ ID NO:75. See page 2 of the Official Action.

The claims remaining are directed to the subject matter deemed to be enabled by the Office. Withdrawal of the rejection is requested.

To the art-based rejections citing US '194 or CA '332, by themselves or combined with Kitamura or Harlow and US '778 and to the obviousness-type double patenting rejections in view of US '194 by itself or with Kitamura, Harlow and/or US '778.

US '194 and CA '332 are publication of the same underlying text. Therefore, the comments with respect to reference US '194 apply equally to CA '332.

While US '194 discusses hypercalcemia and reduction of water-concentrating ability in col. 1, that disclosure is in the background of the invention, i.e., not considered the invention. Rather, in col. 25, lines 6-13, US '194 teaches that the invention, i.e., antibodies are to the treatment of various cancers (malignant tumors). Neither the background of the patent cited in the rejection nor the teachings in col. 25, teach the treatment of hyperosmolarity as is defined in the claims. There is nothing on the record to demonstrate that any of the patients suggested in the '194 patent were suffering from hyperosmolarity nor that it would desirable to treat such patients in the manner set forth in the claims.

Therefore the claims cannot be anticipated nor rendered obvious by US '194 or CA '332. Similarly, the obviousness-type double patenting rejection is not tenable as the claims of US '194 does not teach nor has the office established that in following the claims of the US '194 patent, the claims of the present application would also be achieved.

To the obviousness rejections citing Kitamura, Harlow and/or US '778. None of Kitamura, Harlow and/or US '778 teach the treatment of hyperosmolarity as is defined in the claims. Therefore, Kitamura, Harlow and/or US '778 do not remedy the deficiencies of US '194 or CA '332 when they are combined as in the rejection. There is nothing on the record from these combined disclosures to demonstrate that any of the patients suggested in the '194

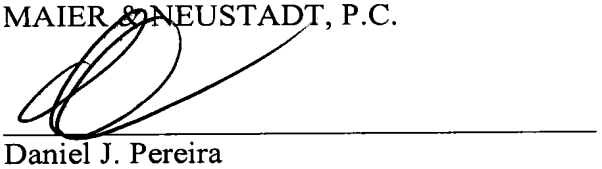
patent or the CA '332 were suffering from hyperosmolarity nor that it would desirable to treat such patients in the manner set forth in the claims.

Reconsideration of the outstanding rejections in light of the amendments and remarks contained herein is requested.

A Notice of Allowance is requested.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



Daniel J. Pereira
Registration No. 45,518

Customer Number
22850

Tel: (703) 413-3000
Fax: (703) 413 -2220
(OSMMN 08/07)

1667924_1.DOC